

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000097366

**Entity Name:** NEXSTEP, L.L.C.

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

332 MOHAWK ROAD  
CLERMONT, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121023  
CLERMONT, FL 34712

**New Mailing Address:**

PO BOX 121023  
CLERMONT, FL 347121023

**FEI Number:** 32-0351967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GERACI-CARVER, ANITA  
1560 BLOXAM AVE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HAMMOND, DAVID  
**Address:** 332 MOHAWK ROAD  
**City-St-Zip:** CLERMONT, FL 34715

**Title:** MGRM  
**Name:** SCHERALDI, JOSEPH JR  
**Address:** 332 MOHAWK ROAD  
**City-St-Zip:** CLERMONT, FL 34715

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** DAVID HAMMOND

MGRM

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date